

Date Received: _____

**PRELIMINARY PLAT PRE-SUBDIVISION
APPLICATION**

1. Owner's Name: _____

Owner's Address: _____, City: _____ State: _____ Zipcode: _____

Owner's Phone Number: _____ Owner's Fax Number: _____
2. Are you the Owner _____ or Authorized Representative _____?
(Check one)
3. If you are the Authorized Representative:

Name: _____

Address: _____, City: _____ State: _____ Zipcode: _____

Phone Number: _____ Fax Number: _____
4. Property Address (or location): _____
5. Approximate Acreage: _____
6. Is this property inside the city limits of Springfield? _____
If no, have you requested annexation? _____
7. Are there existing structures? _____ If yes, do you plan to demolish them or keep them? _____
8. Is there a re-zoning (or planned development) request currently being processed? _____
If no, are you planning to request a rezoning? _____
9. Property Legal Description from a deed or tax receipt:
(Or attach a copy)
10. Explain what you would like to do with the property:
(Or attach a copy)
11. Are you planning to develop the property all at one time or in phases? _____
12. Attach a copy of the 11" x 17" map given to you by staff illustrating what you would like to do with the property, or attach 12 full sized copies and one 11 x 17 copy of a sketch plan if you have had one prepared.